# **Application Data Sheet**

# **APPLICATION INFORMATION**

Secrecy Order in Parent Appl.?::

Application Number::	
Filing Date::	April 21, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	AN ELECTRONIC SIGNATURE METHOD
	WITH A DELEGATION MECHANISM, AND
	<b>EQUIPMENT AND PROGRAMS FOR</b>
	IMPLEMENTING THE METHOD
Attorney Docket Number::	P1899US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

No

#### APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Laurent

Middle Name::

Family Name:: Frisch

City of Residence:: Paris

State or Prov. of Residence::

Country of Residence:: France

Street of mailing address:: 27, avenue d'Italie

City of mailing address:: Paris

State or Province of mailing address::

Country of mailing address:: France

Postal or Zip Code of mailing address:: 75013

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Dimitri

Middle Name::

Family Name:: Mouton

City of Residence:: Paris

State or Prov. of Residence::

Country of Residence:: France

Street of mailing address:: 11, rue Antoine Bourdelle

City of mailing address:: Paris

State or Province of mailing address::

Country of mailing address:: France

Postal or Zip Code of mailing address:: 75015

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#### CORRESPONDENCE INFORMATION

Correspondence Customer Number::

08968

Phone:

312-569-1000

Fax:

312-569-3000

E-mail Address:

ipdocket@gcd.com

### REPRESENTATIVE INFORMATION

Representative Customer Number:

08968

Representative Designation:

Registration Number:

Representative

Name:

### DOMESTIC PRIORITY INFORMATION

Application:

Continuity Type:

Parent Application:

Parent Filing Date:

## FOREIGN APPLICATION INFORMATION

Country:

Application Number:

Filing Date:

**Priority Claimed** 

France

03 04920

22 April 2003

Yes

#### **ASSIGNEE INFORMATION**

Assignee name::

France Telecom

Street of mailing address::

6, place d'Alleray

City of mailing address::

**Paris** 

State or Province of mailing address::

Country of mailing address::

France

Postal or Zip Code of mailing address:: 75015

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